

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Southern California Fund

ADDRESS (number and street)

555 South Flower Street, #4210

☐Check if different
than previously
reported. (ACC)

Los Angeles

CA

90071

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00361410

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David L Gould

Signature of Treasurer

Electronically Filed by David L Gould

Date

07

08

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Southern California Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		
2009		36010.90
(b) Cash on Hand at Beginning of Reporting Period	36010.90	
(c) Total Receipts (from Line 19)	19550.00	19550.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55560.90	55560.90
7. Total Disbursements (from Line 31)	35312.76	35312.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20248.14	20248.14
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
Southern California Fund

Report Covering the Period:

From:

M M D D Y Y W Y
0 1 0 1 2 0 0 9

To:

M M D D Y Y W Y
0 6 0 3 0 2 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9900.00	9900.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9900.00	9900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	9500.00	9500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19400.00	19400.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	150.00	150.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19550.00	19550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19550.00	19550.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	17062.76	17062.76	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	17062.76	17062.76	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	16000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	2250.00	2250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35312.76	35312.76	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35312.76	35312.76	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 18

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19400.00	19400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19400.00	19400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17062.76	17062.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17062.76	17062.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Southern California Fund

A.

Full Name (Last, First, Middle Initial)

Kurken Alyanakian

Mailing Address 2455 Colorado Blvd. Suite 400

City

Los Angeles

State

CA

Zip Code

90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
DDCM Incorporated

Occupation

Executive

Receipt For: 2009

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: 11AI-105

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Sheldon Malchicoff

Mailing Address 701 Spruce Meadow Place

City

Westlake Village

State

CA

Zip Code

91362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Data Exchange Corp.

Occupation

President

Receipt For: 2009

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

4900.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 11AI-106

Amount of Each Receipt this Period

4900.00

SUBTOTAL of Receipts This Page (optional)

9900.00

TOTAL This Period (last page this line number only)

9900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Southern California Fund

A.

Full Name (Last, First, Middle Initial)

Air Line Pilots Assoc. Int'l

Mailing Address 1625 Massachusetts Ave NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

C00035451

Name of Employer

Occupation

Receipt For: 2009

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 2 / 2 0 0 9

Transaction ID: 11C-103

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Drive Political Fund

Mailing Address 25 Lousiana Ave NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00032979

Name of Employer

Occupation

Receipt For: 2009

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 4 / 2 0 0 9

Transaction ID: 11C-107

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Realtors Political Action Committee

Mailing Address 430 N Michigan Ave

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

C00030718

Name of Employer

Occupation

Receipt For: 2009

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: 11C-108

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

9500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Southern California Fund

A.

Full Name (Last, First, Middle Initial)

Sherman For Congress

Mailing Address 555 S Flower St Ste 4210

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.**C**

C00308742

Name of Employer

Occupation

Receipt For: 2009

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar year

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 17-112-O

Amount of Each Receipt this Period

150.00

Transfer

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

150.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern California Fund

A.

Full Name (Last, First, Middle Initial)

Scott W. Abrams

Mailing Address 501 Pacific Street #202

City Santa Monica State CA Zip Code 90405

Purpose of Disbursement
Fundraiser Management Fee

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-163

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Scott W. Abrams

Mailing Address 501 Pacific Street #202

City Santa Monica State CA Zip Code 90405

Purpose of Disbursement
Fundraiser Management Fee

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-184

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Scott W. Abrams

Mailing Address 501 Pacific Street #202

City Santa Monica State CA Zip Code 90405

Purpose of Disbursement
Fundraiser Management Fee

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-175

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern California Fund

A. Full Name (Last, First, Middle Initial) Scott W. Abrams	Transaction ID: 21B-179 Date of Disbursement																				
Mailing Address 501 Pacific Street #202	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	0	9												
City Santa Monica State CA Zip Code 90405	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraiser Management Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Scott W. Abrams	Transaction ID: 21B-181 Date of Disbursement																				
Mailing Address 501 Pacific Street #202	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	9												
City Santa Monica State CA Zip Code 90405	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraiser Management Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Scott W. Abrams	Transaction ID: 21B-185 Date of Disbursement																				
Mailing Address 501 Pacific Street #202	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Santa Monica State CA Zip Code 90405	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraiser Management Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern California Fund

A. Full Name (Last, First, Middle Initial) David L. Gould Company	Transaction ID: 21B-176 Date of Disbursement																				
Mailing Address 555 S Flower St Ste 4510	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	9												
City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Reporting Services & Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">1630.20</td> </tr> </table>	1630.20																			
1630.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) David L. Gould Company	Transaction ID: 21B-183 Date of Disbursement																				
Mailing Address 555 S Flower St Ste 4510	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	9												
City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Reporting Services & Office Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">443.36</td> </tr> </table>	443.36																			
443.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Fraiori & Associates	Transaction ID: 21B-162 Date of Disbursement																				
Mailing Address 80 F St NW # 804	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraiser Management Fee Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2323.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern California Fund

A. Full Name (Last, First, Middle Initial) Fraioli & Associates	Transaction ID: 21B-187 Date of Disbursement																				
Mailing Address 80 F St NW # 804	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Management Fee/PAC Management Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Fraioli & Associates	Transaction ID: 21B-164 Date of Disbursement																				
Mailing Address 80 F St NW # 804	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraiser Management Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	1250.00																			
1250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Fraioli & Associates	Transaction ID: 21B-167 Date of Disbursement																				
Mailing Address 80 F St NW # 804	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraiser Management Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	1250.00																			
1250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern California Fund

A.

Full Name (Last, First, Middle Initial)
Fraiori & Associates

Mailing Address 80 F St NW # 804

City Washington State DC Zip Code 20001

Purpose of Disbursement
Fundraiser Management Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-174

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

1321.03

B.

Full Name (Last, First, Middle Initial)
Fraiori & Associates

Mailing Address 80 F St NW # 804

City Washington State DC Zip Code 20001

Purpose of Disbursement
Fundraiser Management Fee/PAC Management

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-178

Date of Disbursement

04 / 28 / 2009

Amount of Each Disbursement this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Fraiori & Associates

Mailing Address 80 F St NW # 804

City Washington State DC Zip Code 20001

Purpose of Disbursement
Fundraiser Management Fee/PAC Management Fee & Expenses

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-180

Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

1268.17

SUBTOTAL of Disbursements This Page (optional)

3839.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern California Fund

A.

Full Name (Last, First, Middle Initial)

Fraioli & Associates

Mailing Address 80 F St NW # 804

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Fundraiser Management Fee/PAC Management

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-182

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

16912.76

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern California Fund

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name
Democratic Congressional Campaign Committee

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼
State: District: Calendar year

Transaction ID: 23-172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

B. Full Name (Last, First, Middle Initial)
Hodes for Senate

Mailing Address 379 Elm Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement
Political Contribution

Candidate Name
Hodes for Senate

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
State: NH District:

Transaction ID: 23-186

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

16000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern California Fund

A.

Full Name (Last, First, Middle Initial)
Paul Koretz For City Council

Mailing Address 555 S Flower St Ste 4210

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Non-Federal Political Contribution

Candidate Name
Paul Koretz For City Council

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 29-168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Paul Koretz for City Council General 2009

Mailing Address 555 S. Flower Street Suite 4210

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Non-Federal Political Contribution

Candidate Name
Paul Koretz for City Council General 2009

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 29-177

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Wendy Gruel for Controller

Mailing Address 777 S Figueroa St Ste 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Non-Federal Political Contribution

Candidate Name
Wendy Gruel for Controller

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 29-169

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern California Fund

A. Full Name (Last, First, Middle Initial)
Democrats for New California Leadership

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 29-171

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
NACPAC

Mailing Address 3389 Sheridan St Ste 424

City Hollywood State FL Zip Code 33021

Purpose of Disbursement
Donation

Candidate Name
NACPAC

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 29-165

Date of Disbursement

01 / 28 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

750.00

TOTAL This Period (last page this line number only) ►

2250.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 / 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Southern California Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Fraiori & Associates

Nature of Debt (Purpose):
Fundraising Management Fe-
e/PAC Management & Expens-
es

Mailing Address 80 F St NW # 804

City	State	ZIP Code
Washington	DC	20001

Outstanding Balance Beginning This Period

1000.00

Transaction ID: D10-131-V

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00